



Maine Health and Human Services

Elder Services

11 State House Station
Augusta, Maine 04333-0011

John Elias Baldacci, Governor

MAINECARE HOME HEALTH PAYMENT RESEARCH FORM

Date: _____

Home Health Agency: _____

Contact Person: _____

Address: _____

Phone #: _____

Fax #: _____

Member Name: _____

MaineCare #: _____

SS #: _____

1. Initial Certification Payment Issues

Start of Care Date: _____

Admit/Discharge sent: _____

Initial Certification Period: From _____ to _____

Payment Dates in Question: From _____ to _____

Disciplines billing for:

Explain Problem:

2. Prior Authorization Payment Issues

Prior Authorized Period: From _____ to _____

Referral Date: _____

Assessment Date: _____

Payment Dates in Question: From _____ to _____

Disciplines billing for:

Explain Problem:

Please submit copies of the start of care, admit/discharge form and other pertinent information to support your request. DO NOT send copies of rejected claims. Fax to 287-9231.

3. OES Response

Date: _____

- ☐ No admit/discharge on file. Please submit admit/discharge form for this consumer.
☐ PA required for this discipline. Please make a referral to Gould for prior authorization.
☐ No Section 17 document for exemption received. Please submit Section 17.
☐ Other _____

Office of Elder Services
442 Civic Center Drive
Augusta, Maine 04333-0011

Toll Free: (800)262-2232
Fax: (207)287-9229
TTY: (888)720-1925

The Maine Department of Health and Human Services, The Office of Elder Services